



AUTHORIZATION TO RELEASE INFORMATION

I GIVE MY PERMISSION FOR THE UTAH DEPARTMENT OF HUMAN SERVICES (DHS) TO USE, DISCLOSE, AND EDIT ALL INFORMATION ABOUT ME THAT I HAVE SUBMITTED, INCLUDING MY:

- ☐ NAME
- ☐ CONTACT INFORMATION
- ☐ LIFE STORIES
- ☐ PHOTOS AND VIDEOS OF ME
- ☐ ARTWORK
- ☐ OTHER: _____

I UNDERSTAND AND AGREE THAT DHS MAY USE, DISCLOSE, AND EDIT THIS INFORMATION ON A DHS PUBLIC WEBSITE, SOCIAL MEDIA, BROCHURE OR OTHER PRINTED MATERIALS, OR SHARE THIS INFORMATION WITH THE MEDIA, INCLUDING NEWSPAPER AND TELEVISION REPORTERS.

I UNDERSTAND THAT THIS AUTHORIZATION:

- ☐ HAS NO EXPIRATION DATE (MAY ONLY USE IF SUBJECT IS AN ADULT)
- ☐ EXPIRES UPON THE 18TH BIRTHDAY OF A SUBJECT WHO IS A CHILD

I UNDERSTAND THAT I MAY CONTACT DHS AND REQUEST THAT NO FURTHER USE OR DISCLOSURE OF MY INFORMATION IS MADE. I UNDERSTAND THAT DHS MAY NOT BE ABLE TO DELETE OR RETRACT ALL INFORMATION IT PREVIOUSLY DISCLOSED.

I HAVE READ AND UNDERSTAND THIS FORM. I WAIVE ALL RIGHTS TO THE PRIVACY OF THIS INFORMATION, AND RELEASE DHS FROM LIABILITY FOR ITS USE OR DISCLOSURE OF THIS INFORMATION.

NAME OF SUBJECT OF INFORMATION

DATE OF BIRTH OF MINOR SUBJECT

SIGNATURE OF SUBJECT OF INFORMATION

DATE

NAME OF LEGAL GUARDIAN OF SUBJECT

SIGNATURE OF LEGAL GUARDIAN OF SUBJECT

DATE

NOTE: THIS FORM MAY NOT BE USED FOR INFORMATION ABOUT UTAH STATE HOSPITAL OR UTAH STATE DEVELOPMENTAL CENTER CLIENTS, AND DOES NOT AUTHORIZE DHS EMPLOYEES TO DISCLOSE INFORMATION ABOUT ME.

PLEASE SEE <http://hs.utah.gov/overview/records-request/> FOR MORE INFORMATION ABOUT GRAMA AND HIPAA AUTHORIZATIONS.

Send completed form to: dhsinfo@utah.gov or mail to: Utah Department of Human Services, Office of the Executive Director, 195 North 1950 West, Salt Lake City, UT 84116